

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET  
NUMBER  
**PHUS020099 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Method and system for providing complementary information for a video program"** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_

☒ was filed as PCT international application

Number PCT/IB03/01344

on 01 April 2003

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

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PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:


COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
U.S.A.	60/369,358	2 April 2002	YES
U.S.A.	60/434,057	17 December 2002	YES

<b>Combined Declaration For Patent Application and Power of Attorney (Continued)</b> (includes Reference to PCT International Applications)				Attorneys Docket Number <b>PHUS020099 US</b>	
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Jack E. Haken, Reg. No. <u>26,902</u> Michael E. Marion, Reg. No. <u>32,266</u> Edward M. Blocker, Reg. No. <u>30,245</u>				Direct Telephone Calls to: (name and telephone number) (914)332-0222	

201	FULL NAME OF INVENTOR	FAMILY NAME <b>ZIMMERMAN</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Pittsburgh</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b> <i>PA</i>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>320 Juniata Court</b>	CITY <b>Pittsburgh, PA 15208</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>DIMITROVA</b>	FIRST GIVEN NAME <b>Nevenka</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Yorktown Heights</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>MACEDONIA</b>
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203	FULL NAME OF INVENTOR	FAMILY NAME <b>LI</b>	FIRST GIVEN NAME <b>Dongge</b>	SECOND GIVEN NAME
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204	FULL NAME OF INVENTOR	FAMILY NAME <b>BONT</b>	FIRST GIVEN NAME <b>Johanna</b>	SECOND GIVEN NAME <b>Maria</b>
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SIGNATURE OF INVENTOR 201 	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 4-12-2003	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
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SIGNATURE OF INVENTOR 207	U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office July 1994)	
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 <i>JDmitrov</i>	SIGNATURE OF INVENTOR 203
DATE	DATE 4/21/2003	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207	U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office July 1994)	
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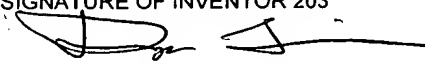
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
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U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office  
(July 1994)

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DATE	DATE	DATE
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DATE	DATE	DATE
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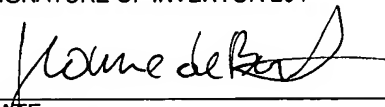
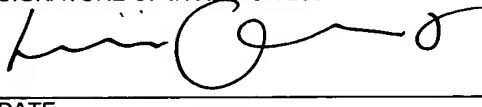
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4-00 204	FULL NAME OF INVENTOR	FAMILY NAME <b>BONT</b>	FIRST GIVEN NAME <b>Johanna</b>	SECOND GIVEN NAME <b>Maria</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b> <i>NLY</i>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
5-00 205	FULL NAME OF INVENTOR	FAMILY NAME <b>LAMERS</b>	FIRST GIVEN NAME <b>Andreas</b>	SECOND GIVEN NAME <b>Henricus Elisabeth</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b> <i>NLY</i>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>JANEVSKI</b>	FIRST GIVEN NAME <b>Angel</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>250 West 100th Street, #414</b>	CITY <b>New York, NY 10025</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>NIKOLOVSKA</b>	FIRST GIVEN NAME <b>Lira</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE COUNTRY <b>The Netherlands</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205 	SIGNATURE OF INVENTOR 206
DATE 15 April 2003	DATE 15 April 2003	DATE
SIGNATURE OF INVENTOR 207	U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office July 1994)	
DATE		

Rec'd PCT/PTO 30 SEP 2004

10/509810

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET  
NUMBER  
PHUS020099 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Method and system for providing complementary information for a video program"** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_

☒ was filed as PCT international application

Number PCT/IB03/01344

on 01 April 2003

and was amended under PCT Article 19

on \_\_\_\_\_

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
U.S.A.	60/369,358	2 April 2002	YES
U.S.A.	60/434,057	17 December 2002	YES

U.S. DEPARTMENT OF COMMERCE - Patent and Trademarks Office  
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued)  
(includes Reference to PCT International Applications)

Attorneys Docket Number  
**PHUS020099 US**

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902  
Michael E. Marion, Reg. No. 32,266  
Edward M. Blocker, Reg. No. 30,245

Direct Telephone Calls to:  
(name and telephone number)  
(914)332-0222

201	FULL NAME OF INVENTOR	FAMILY NAME <b>ZIMMERMAN</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Pittsburgh</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>320 Juniata Court</b>	CITY <b>Pittsburgh, PA 15208</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>DIMITROVA</b>	FIRST GIVEN NAME <b>Nevenka</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Yorktown Heights</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>MACEDONIA</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>3148 Gomer Street</b>	CITY <b>Yorktown Heights, NY 10598</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
203	FULL NAME OF INVENTOR	FAMILY NAME <b>LI</b>	FIRST GIVEN NAME <b>Dongge</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Palatine</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>Switzerland</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>363 Rimini Ct. #2A</b>	CITY <b>Palatine, IL 60067</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
204	FULL NAME OF INVENTOR	FAMILY NAME <b>BONT</b>	FIRST GIVEN NAME <b>Johanna</b>	SECOND GIVEN NAME <b>Maria</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>LAMERS</b>	FIRST GIVEN NAME <b>Andreas</b>	SECOND GIVEN NAME <b>Henricus Elisabeth</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>JANEVSKI</b>	FIRST GIVEN NAME <b>Angel</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>250 West 100th Street, #414</b>	CITY <b>New York, NY 10025</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>NIKOLOVSKA</b>	FIRST GIVEN NAME <b>Lira</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE COUNTRY <b>The Netherlands</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE <i>4/10/03</i>
SIGNATURE OF INVENTOR 207		
DATE		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office  
July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(includes Reference to PCT International Applications)ATTORNEY'S DOCKET  
NUMBER  
**PHUS020099 US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **"Method and system for providing complementary information for a video program"** the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application

Serial No \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_

☒ was filed as PCT international applicationNumber PCT/IB03/01344on 01 April 2003

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

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## PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
U.S.A.	60/369,358	2 April 2002	YES
U.S.A.	60/434,057	17 December 2002	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office  
(July 1994)



Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number <b>PHUS020099 US</b>
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)				
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222
201	FULL NAME OF INVENTOR	FAMILY NAME <b>ZIMMERMAN</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Pittsburgh</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>U.S.A.</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>320 Juniata Court</b>	CITY <b>Pittsburgh, PA 15208</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
202	FULL NAME OF INVENTOR	FAMILY NAME <b>DIMITROVA</b>	FIRST GIVEN NAME <b>Nevenka</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Yorktown Heights</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>MACEDONIA</b>
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	RESIDENCE & CITIZENSHIP	CITY <b>Palatine</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>Switzerland</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>363 Rimini Ct. #2A</b>	CITY <b>Palatine, IL 60067</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
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	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
205	FULL NAME OF INVENTOR	FAMILY NAME <b>LAMERS</b>	FIRST GIVEN NAME <b>Andreas</b>	SECOND GIVEN NAME <b>Henricus Elisabeth</b>
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b>	COUNTRY OF CITIZENSHIP <b>The Netherlands</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>
206	FULL NAME OF INVENTOR	FAMILY NAME <b>JANEVSKI</b>	FIRST GIVEN NAME <b>Angel</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>New York</b>	STATE OR FOREIGN COUNTRY <b>U.S.A.</b>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>250 West 100th Street, #414</b>	CITY <b>New York, NY 10025</b>	STATE & ZIP CODE/COUNTRY <b>U.S.A.</b>
207	FULL NAME OF INVENTOR	FAMILY NAME <b>NIKOLOVSKA</b>	FIRST GIVEN NAME <b>Lira</b>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <b>Eindhoven</b>	STATE OR FOREIGN COUNTRY <b>The Netherlands</b> <i>NLY</i>	COUNTRY OF CITIZENSHIP <b>Macedonia</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Prof. Holstlaan 6</b>	CITY <b>5656 AA Eindhoven</b>	STATE & ZIP CODE/COUNTRY <b>The Netherlands</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE
SIGNATURE OF INVENTOR 207 <i>hip Nicholas</i>	U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office July 1994)	
DATE <i>2 June 2003</i>		

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24737

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

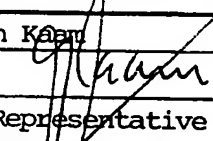
Assignee Name and Address:

Koninklijke Philips Electronics N.V.  
 Groenewoudseweg 1  
 5621 BA Eindhoven, The Netherlands

**A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.**

### SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Matthieu van Kapp		
Signature			Date
Title	Authorized Representative	Telephone	(914) 333-9600

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

10/509810

PTO/SB/96 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b) DT04 Rec'd PCT/PTO 30 SEP 2004**Applicant/Patent Owner: Koninklijke Philips Electronics N.V.Application No./Patent No.: Concurrently Filed/Issue Date: ConcurrentlyEntitled: METHOD AND SYSTEM FOR PROVIDING COMPLEMENTARY INFORMATION FOR A VIDEO PROGRAMKoninklijke Philips Electronics N.V., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %  
in the patent application/patent identified above by virtue of either:

A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

**OR**

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

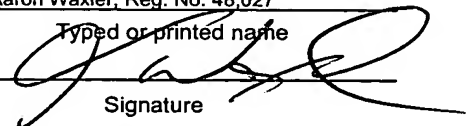
9/30/04  
Date

(914) 333-9608

Telephone number

Aaron Waxler, Reg. No. 48,027

Typed or printed name



Signature

Corporate Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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